

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/132,916	
	Filing Date	August 12, 1998	
	First Named Inventor	RABANNE	
	Group Art Unit	2736	
	Examiner Name	T. MULLEN	
Total Number of Pages in This Submission	2	Attorney Docket No.	0691.RABA.PT

ENCLOSURES (check all that apply)

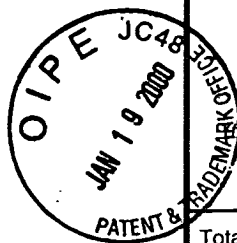
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Check in the amount of \$635.00 <input type="checkbox"/> Declaration Claiming Small Entity Status for: <input type="checkbox"/> Independent Inventor <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ___ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ___ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> § 1.97 (1) <input type="checkbox"/> § 1.97 (2) <input type="checkbox"/> § 1.97 (3) <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input checked="" type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal ___ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Attorney for Applicant	Frank W. Compagni, Registration No. 40,567 Morris, Bateman, O'Bryant & Compagni, P.C. 5882 South 900 East, Suite 300 Salt Lake City, Utah 84121 (801) 685-2302 telephone; (801) 685-2303 facsimile		
Signature		Date	1/11/00
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Signature		Date	1/11/00

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